

**Name:** _____Grade _____
Next Year _____

Birth Date: / /

Shirt Size: **Y(XS, S, M, L) A(S, M, L, XL)**Gender: **M / F****Group:** _____CHECKS PAYABLE TO: **BARRINGTON RECREATION * 41 PROVINCE LANE * 603/664-5224 OFFICE * RECDEPT@BARRINGTON.NH.GOV****PARENT/GUARDIAN INFORMATION**

Parent/Guardian: _____

home telephone: _____

work telephone: _____

address: _____

cell phone: _____

home e-mail: _____

Parent/Guardian: _____

home telephone: _____

work telephone: _____

address: _____

cell phone: _____

home e-mail: _____

Custodial Issues [please explain any family-related issues we should be aware of, if none, write in 'none']

_____**MEDICAL AND EMERGENCY CONTACT INFORMATION****Medical Conditions:** allergies: _____**Participant's Doctor:** _____**Telephone:** _____**Insurance Company:** _____**Insurance ID:** _____**Participant's Dentist:** _____**Telephone:** _____**Emergency Contact:** _____**Telephone:** _____**Relationship:** _____**Cell Phone:** _____**PHOTO RELEASE***Occasionally, photographs or video will be taken of children participating in this program. These photographs or videos may be selected for use in town and/or Recreation Department publications including its Website. However, we will not identify your child by name or release any other personal information.***please check one:**☐

I GIVE my permission or

☐

I DO NOT GIVE my permission for participant to be photographed.

LIABILITY RELEASE WAIVER AND AUTHORIZATION FORM

The above named participant or minor child (hereafter "participant") has permission to participate in the activities of the Barrington Recreation Department (hereafter "TOWN"). This permission slip is valid for one year unless it is revoked earlier in writing by the parent/guardian. I understand and accept that the activities of the Town involve strenuous athletic pursuits that include, but are not limited to, the risk of physical contact, physical injury and other inherent risks. In consideration of the above named participant being permitted to participate in the activities of the Town, in consideration of the instruction the participant is to receive and for other valuable consideration, I hereby agree on behalf of myself and the above named participant to indemnify and hold the Town of Barrington, its officers, agents, employees, coaches and volunteers harmless from and against any and all claims of any sort whatsoever arising out of or in connection with the above named child's participation in Town activities. ADDITIONALLY, THIS AGREEMENT SHALL APPLY TO ANY CLAIMS ARISING FROM OR THROUGH THE NEGLIGENCE OF THE TOWN OR IT'S OFFICERS, AGENTS, EMPLOYEES, COACHES AND VOLUNTEERS. _____ initial

(Minor child participant only): In the event that I cannot be reached in an emergency requiring medical attention for the above named child, permission is hereby given to administer such first aid as deemed necessary. Further permission is given to allow medical services to be performed by doctors, hospitals or other qualified medical providers as deemed necessary in an emergency, including surgery if reasonably necessary. I understand that the cost of all emergency services is my responsibility. Any exceptions or restrictions imposed by the parent or guardian must be detailed and initialed in the space provided below. _____ initial

By signing below, I acknowledge that I have read and understand this Registration form and the Liability Release Waiver and Authorization noted in in this section. My responses are complete and accurate to the best of my knowledge and I agree to abide and be bound by this document.

Participant/Parent/Guardian: PRINT NAME _____

SIGN _____

Date: _____

PARTICIPANT RELEASE AUTHORIZATION

The Barrington Summer Camp is authorized to release my child, above named, to **only** the individuals listed below. I understand each authorized person must be at least 16 years of age and that my child will not be permitted to leave camp with anyone else not listed below, unless we are otherwise notified prior to release. All authorized individuals will be required to show identification and sign out the child on each occurrence. The above named child may be released to the following individuals:

Name: _____

Relation: _____

Contacts#/Type (cell/home/work) _____

Barrington Recreation Summer Camp

RESIDENT Schedule of Fees

Early Registration Discount:	\$ 400.00	Applies only to those signed up by 3/31 Between 4/1 and 4/30 Between 5/1 and 5/31 After 5/31	WEEKLY RATES
2nd Registration Discount:	\$ 425.00		Each Week:
3rd Registration Discount:	\$ 450.00		\$110
4th Registration Discount:	\$ 475.00		Pre/Post-Camp:
Pre-Camp 7:30-9:00am	\$ 75.00		\$15
Post-Camp 4:00-5:00pm	\$ 50.00		\$10

Pre Camp & Post Camp fees are for the whole 8 weeks. If you want to chose days the fee would be \$5 for each session of Pre/Post-Camp per day. Even if you only chose 2 days a week pre camp for 8 weeks - the fee would work out to be \$80. Choosing the full 8 week program allows for flexibility without breaking the bank.

Field Trips (per week)

\$25-\$50

A finalized schedule will be available by Friday, June 9th.

Field trips do not have to be paid for until a week before the trip. Although these trips are optional we strongly encourage all campers to go. We will be getting to know our state by making the rounds at the beautiful parks NH has to offer as well as other fun outings such as bowling, water parks, beaches, Jokers, Space center, Canobie Lake Park, Movie day, mini golf, etc...

PAYMENT LEVELS

	by 3/31		by 4/30		by 5/31		after 5/31	
Base Camp Fee:	\$	400	\$	425	\$	450	\$	475
Pre-Camp/Before Care	\$	75	\$	75	\$	75	\$	75
Post Camp/After Care	\$	50	\$	50	\$	50	\$	50
Total:	\$	525	\$	550	\$	575	\$	600

PAYMENT PLAN BREAKDOWN

Deposit due at sign up:	\$ 100	\$ 175	\$ 275	\$ 475
Pre-Camp due at sign up	\$ 75	\$ 75	\$ 75	\$ 75
Post-Camp due at sign up	\$ 50	\$ 50	\$ 50	\$ 50
Payment by 4/15	\$ 100	-	-	-
Payment by 5/15	\$ 100	\$ 125	-	-
Final Payment by June 1st	\$ 100	\$ 125	\$ 175	-
Total:	\$ 525	\$ 550	\$ 575	\$ 600

Final payments must be received by June 1st. If there is a waiting list and participant's fee is not paid in full by June 1st, their spot in the camp will be forfeited and the first camper on the list will take that spot. All paid camp fees are refundable due to cancellation less your deposit if request is submitted by June 12, 2006. ***After that date, camp fees paid to date are nonrefundable.***

OFFICE USE ONLY

PARTICIPANT NAME:

PHONE#:**ADDRESS:**

Date: _____ Camp Fee Paid: \$ _____

Pre-Camp Fee Paid: \$

Post-Camp Fee Paid: \$

TOTAL PAID: \$**Cash Check#**

Balance Due: \$

Received by:

Payments

[illegible]



BARRINGTON SUMMER CAMP 2006
Medical Treatment and Medication Authorization Form
Town of Barrington Recreation Department
41 Province Lane Barrington, NH 03825
603-664-5224

Emergency Medical Treatment Authorization or Refusal

In the event I, _____ cannot be reached in an emergency requiring medical attention for my child, _____, I hereby give my consent to employees of the Barrington Recreation Summer Camp to secure proper emergency treatment and transportation of my child as deemed necessary.

Parent/Guardian Signature: _____ Date: _____

In the event I, _____ cannot be reached in an emergency requiring medical attention for my child, _____, I do not give my consent to employees of the Barrington Recreation Summer Camp to secure proper emergency treatment and transportation of my child as deemed necessary. Please follow these instructions:

Parent/Guardian Signature: _____ Date: _____

The Barrington Recreation Department requires the following information regarding medication needs of participant in the Barrington Summer Camp. Please note the following policies:

1. Each medication (i.e. prescription and over the counter) to be taken or medical devices/procedures/inhalers/Epi-pens used during camp program hours will remain in the child's possession to be placed in the same location of child's backpack each day.
2. Camp staff are **not** authorized to administer medication. They will remind and supervise the taking of medication for the participant and medication listed below.
3. Parents/Guardians are solely responsible for ensuring that adequate medication is provided in a secured container labeled with your child's name, the name of the medication, the dosage amount and the time or times to be taken.
4. Medical personnel are not provided at camp.

Participant Name: _____

Name of Medication: _____

Dosage Amount: _____

Frequency of Dosage: _____

Time(s) to be taken during camp hours: _____

Duration of treatment: _____

Possible side effects and adverse reactions (if any): _____

Other recommendations: _____

Health care prescriber: _____

Phone #: _____

Parent Signature: _____

Date: _____

Phone#: _____



BEHAVIORAL MANAGEMENT POLICY 2006

Town of Barrington Recreation Department

41 Province Lane Barrington, NH 03825

It is important to keep discipline and control in the camp setting to ensure a fun and safe summer camp experience. Parent/Guardian and camper must read, understand and sign this form.

Discipline will be constructive in nature and include techniques such as:

1. Using limits that are fair, consistently applied, appropriate and understandable to your child's level.
2. Providing your child with reasons for limits
3. Giving positively worded directions and redirecting your child to acceptable behavior
4. Helping your child to constructively express his/her feelings and frustrations to resolve conflict

The camp staff will not use any type of physical or verbal abuse as a disciplinary measure.

The following are the offenses and consequences that will be taken.

SERIOUS OFFENSES:

- Endangering another person's well being
- Swearing or verbal abuse
- Found out of camp boundaries
- Stealing or destruction of property (refer to 3rd or 4th offense)
- Bringing illegal substances (immediate expulsion from camp/no refund)

CONSEQUENCES:

- 1st Offense - written warning and phone call to parents
- 2nd offense - camper removed from site and parents notified
- 3rd offense - 3 day suspension/no refund
- 4th offense - expulsion from camp/no refund

MINOR OFFENSES:

Such as breaking camp rules or anything else that may arise that does not fall under the above category.

CONSEQUENCES:

- 1st offense - verbal warning
- 2nd offense - written warning and phone call to parents
- 3rd offense - removal from site and parents notified
- 4th offense - 3 day suspension/no refund
- 5th offense - expulsion from camp/no refund

I have read and understand the above policy. I assume the responsibility for insuring that my child is aware of this policy and the consequences of his/her actions should there be any such offense.

Parent/Guardian Signature: _____

Date: _____

Participant/Camper Name: _____

Age: _____

Participant/Camper Signature: _____

Date: _____



Daily Camper Checklist

Town of Barrington Recreation Department
41 Province Lane Barrington, NH 03825

603-664-5224

Please make sure your child is dressed for a full day of fun and games. We suggest play clothes and a pair of athletic shoes. (No skirts or short t-shirts)

☐

Lunch & Snack

Packed in a well insulated container or cooler. Don't forget to add the ice pack!

☐

Barrington Summer Camp T-shirt

Required for Field trips!!!

☐

Swimsuit

One piece for girls

☐

Sunscreen

Please apply to child before coming to camp. We will remind your child to reapply throughout the day.

☐

Towel

☐

Filled Water Bottle

☐

Optional: Extra Change of Clothing

Just in case the ones they came wearing get wet.

☐

Optional: Sweatshirt

Mornings could be a little cold!

DON'T FORGET TO LABEL ALL OF YOUR CHILD'S BELONGINGS.

